2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 21, 2007 8:00 am Secretary of State DOCUMENT # P04000096528 1. Entity Name 03-21-2007 90041 049 ***150.00 GARY HILL LAND DEVELOPERS INC. Principal Place of Business Mailing Address 81 CLEVELAND RD 81 CLEVELAND RD LAKE WORTH FL 33467 LAKE WORTH FL 33467 2. Principal Place of Business - No P.O. Box # 1st MOORE CR2E034 (10/06) 4. FEI Number Applied For 55-0873265 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo HILL, BEVERLY 81 CLEVELAND RD Street Address (P.O. Box Number is Not Acceptable) LAKE-WORTH FL 33467 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution 🦫 🔲 Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. THU ☐ Delete шы Change Addition HILL, BEVERLY NAMI. NAME 81 CLEVELAND RD STREET ADDRESS STRUET ADDRESS LAKE WORTH FL 33467 CITY-S1-ZIP CITY ST-7IP THE ☐ Delete ши Change Addition HILL, GARY 81 CLEVELAND RD STRLET ADDRESS STREET ADDRESS LAKE WORTH FL 33467 CHY-S1-7iP CITY ST-ZIP 1100 ☐ Delete I I Change ☐ Addition NAMI STREET ADDRESS STREET ADDRESS CITY - ST - ZIP COV. ST. ZIP RHE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-7IP THE Delete BILLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY ST-ZIP CITY ST. 7IP Delete THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY - ST - ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes, I further certify that the information

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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal offect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutos; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR.